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ABSTRACT

The impact of homophobia on health education practice has received little attention until recently. As a profession, health educators have not yet adequately addressed lesbian and gay health issues. This paper defines homophobia and discusses the consequences of homophobia in health education and implications for practice. The health education needs of lesbians and gays are seldom met as a consequence of homophobia. Areas of particular relevance to health educators include heterosexual bias in sexuality education curriculum and textbook context, AIDS education, hate violence, adolescent suicide, and health education research on lesbian and gay topics. Strategies for eliminating homophobia include professional development of health educators and curriculum change at the university level. Fourteen references are included. (IAH)

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Homophobia in Health Education: Implications for Practice

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Homophobia in Health Education

The impact of homophobia on health education has received little attention until recently. Much of homophobia research in health education focuses on the stigma attached to AIDS. Although health educators have become increasingly sensitive to the unique needs of many minorities, they have yet to adequately address lesbian and gay health issues.

Homophobia

Homophobia is a term used to identify the irrational fear of homosexuality pervasive in our society (Plasek & Allard, 1984). Use of the term is often vague and misleading by failing to differentiate the many nuances of prejudice against lesbian and gay people. Dimensions of homophobia include stereotyping of homosexuals, feeling threatened by homosexuality, and acting to restrict the civil liberties of homosexuals (Plasek & Allard, 1984).

Another form of homophobia is the heterosexist act of ignoring lesbians and gays as an oppressed minority group (Pharr, 1988). Invisibility keeps lesbians and gays divided, unable to speak out against oppression, and unable to marshall support. Other minority groups have succeeded in creating coalitions which receive the attention of decision-makers. Lesbians, in particular, have been marginalized by being treated or addressed as female versions of male homosexuals (Rich, 1980).

Even among leaders in the women's health movement, lesbian existence has been rendered invisible. In a scathing indictment

of societally enforced heterosexuality, Adrienne Rich (1980) critiques For Her Own Good written by women's health advocates Barbara Ehrenreich and Deirdre English and Our Bodies, Ourselves written by the Boston Women's Health Collective. Rich observes that while each text seeks to empower women by exposing the manner in which women have been consumer victims of health care, neither book provides much information that is empowering to lesbians.

Consequences of Homophobia

The health education needs of lesbians and gays are seldom met. Areas of particular relevance to health educators include sexuality education, AIDS education, hate violence, adolescent suicide, and health education research.

Sexuality Education. Homophobia in higher education is manifested in many ways. Human sexuality courses compartmentalize lesbian and gay sexuality into a single lecture rather than integrate the perspective throughout the course (Rosser, 1986). Repeated coverage of lesbian and gay issues with outdated materials fails to adequately address educational needs regarding homosexuality (McNaron, 1989). Inclusion of lesbians and gays who conform to stereotypes on gay panels as a primary instructional device in human sexuality courses also leaves students with distorted view of homosexuality (Ellis, 1985).

Ellis (1985) identified a heterosexual bias in sexuality education which runs counter to the goals of sexuality education. In a review of human sexuality textbooks, Ellis found

heterosexist biases in use of covers and titles which excluded homosexuals. Definitions used in textbooks for homosexuality also fail to convey positive images of lesbians and gay men by limiting definition to sexual behavior and omitting their non-sexual characteristics. Emphasis on the cause of homosexuality in human sexuality textbooks and curricula further degrades lesbians and gay men by inferring abnormality and begging the question of cure. Another common misrepresentation of homosexuality occurs when no effort is made to address the diversity of all homosexuals, especially the differences between lesbians and gay men.

Ellis (1985) also noted the compartmentalizing of homosexuality in sexuality education textbooks and curricula into single chapters and lectures. The few textbooks Ellis found which discussed homosexuality beyond a single chapter tended to mention homosexuality in the context of crime, sin, or therapy. Most serious of Ellis' concerns is the omission of discussion on the relationship between sex role stereotyping, sexism, and homophobia.

AIDS Education. Although, the APA removed homosexuality from the list of mental illnesses in 1973, negative public reactions to AIDS may have counteracted any strides made toward societal acceptance of homosexuality (Schwanberg, 1985). Limited research on attitudes about homophobia and AIDS among health care professionals has been conducted on physicians, nurses, and college health education teachers.

Almost 10% of physicians and nurses surveyed by Douglas, Kalman, & Kalman (1985) indicated that homosexuals who contract AIDS deserve it. D'Augelli (1989) found that fear of AIDS correlated significantly with homophobic attitudes among nurses. A review of AIDS education literature by Croteau & Morgan (1989) revealed overt and subtle homophobic messages.

Hate Violence. Homophobia creates an atmosphere in which mistreatment of or violence against lesbians and gay men is condoned and normalized. The National Gay and Lesbian Task Force in Washington, D.C. reported 7,031 incidents of anti-gay violence in 1989 in the United States including threats, verbal harassment, physical assault, vandalism, arson and homicide (National Gay and Lesbian Task Force, 1990).

Adolescent Suicide. Adolescent suicide is a leading cause of death among 15 to 19 year olds. The Youth Suicide National Center estimates that 10% of adolescents attempt suicide. Even more alarming is the higher rate of suicide attempts among lesbian and gay youth, estimated in some studies at 20-30% (Whitlock, 1989).

Little research has examined the risk of suicide among adolescents questioning their sexual identity. Of the psychiatrists working with homosexual adolescents responding to a survey by Kourany (1987), a majority judged homosexual adolescents to be at higher risk for suicide than heterosexual adolescents. Homosexual adolescents experience the negative consequences far more seriously than do adult homosexuals due to

lack of access to lesbian or gay communities, support systems, role models, and effective coping strategies (Whitlock, 1989). Sanford (1989) offers specific suggestions for providing adequate and appropriate health care to lesbian and gay youth.

Research on lesbian and gay issues. Plasek and Allard (1984) note that research on homophobia is not considered mainstream. They consider many of the studies to be methodologically weak and only published in specialized journals, such as Journal of Homosexuality, with limited readership beyond counselors and those engaged in gay research. Professional stigma seems to be associated with sustained interest in the topic of homosexuals (McNaron, 1989). In a review of 123 health sciences articles cited in Index Medicus and published from 1974 through 1983, Schwanberg (1986) found that while professionals in the health care field recognize the unique needs of the homosexual community, they failed to describe the range and diversity of gay culture.

Implications for Practice

Potential impact of homophobia on health education practice is greatest in the areas of human sexuality education curricula and textbook content, AIDS education, hate violence, adolescent suicide, and research on homosexuality. Strategies for eliminating homophobia include professional development of health educators and social change.

The first step is for health educators to come to terms with their own homophobia as individuals and as a profession. The

next step is to become informed through existing research and literature. Finally, health educators must act by re-evaluating curricula and eliminating heterosexist bias as well as initiating homosexuality research from a health education perspective.

More specifically, professional development of health educators should include the following learning opportunities: values clarification exercises on homosexuality, self-administration of homophobia attitude scales, information about the unique health risks of lesbians and gay men, and exposure to the history and culture of lesbians and gay men.

Although health educators commonly examine the societal oppression of minorities and women as it relates to health status in their research, classroom curricula, and program planning, they rarely address the oppression of lesbians and gay men. Efforts in higher education to overcome racism and sexism resulted in the development of black studies and women's studies programs. Similar efforts can be made by health educators in academia to develop and support lesbian and gay studies programs. Publishing houses and libraries must be encouraged to carry gay literature.

In many ways, health education has excluded the lesbian and gay experience and has failed to address the unique needs of lesbians and gays. Homophobia in health education is a serious barrier to effective practice. Approaches to eliminating homophobia have been suggested (Pharr, 1988; Rosser, 1986), but few have been tested. Health educators have an important role in

determining effective ways to foster positive attitudes toward lesbians and gay men.

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